

Saint Isidore and Maria Roman Catholic Community
Joseph J. Melzen Sr. Memorial Scholarship
2026 APPLICATION Please Print

Name: _____ **Student Cell phone** _____

Home Address: _____ **H/ Phone:/ Cell** _____

Fathers Name: _____ Occupation: _____

Mothers Name: _____ Occupation: _____

High School Now Attending: _____

E-Mail Students _____ **E-Mail Home** _____

Please list siblings of applicant, followed by any other dependents.

| Name | Age | Dependent Yes/no | Name of school or college and relationship |
|-------|-----|---------------------|---|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Name of college or other institution of advanced learning to which you have been accepted

Field you plan to major in: _____

Tuition Fee (1st year) _____ Years need to complete degree _____

SCHOLARSHIP AWARDS WILL BE DETERMINED ON THE BASIS OF THE FOLLOWING:

1. Activities or services within the church, community, school, and home
2. Scholastic Rating (**Please provide high school transcript**)
3. Financial need
4. Other considerations

Please enclose any additional information and explain in detail any special circumstances that will assist the committee in evaluating your application.

APPLICANT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

Return form to: Joseph Melzen Jr. 281 Spring St. Ext. Glastonbury, Ct. 06033 or Melz281@sbcglobal.net
MUST BE RETURNED BY May 30, 2026